



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL

City of Hospital: Muncie

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Person Completing the
Report: Haley Wright

Email Address: hwright3@iuhealth.org

Medicare Provider Number: 15-0089

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$728478000
Outpatient Patient Service Revenue	\$524481000
Total Gross Patient Service Revenue	\$1252959000

2. Deductions From Revenue

Contractual Allowance	\$795717000
Other Deductions	\$72925000
Total Deductions	\$868642000

3. Total Operating Revenue

Net Patient Service Revenue	\$384317000
Other Operating Revenue	\$19835000
Total Operating Revenue	\$404152000

4. Operating Expenses

Salaries and Wages	\$102253000	Employee Benefits	\$32995000
Depreciation and Amortization	\$17555000	Interest Expense	\$5806000
Bad Debt	\$30085000	Other Expenses	\$179680000
Total Operating Expenses	\$368374000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$35778000	Total Assets	\$327536000
Net Non-operating Gains over Loss	\$615000	Total Liabilities	\$226232000
Total Net Gains	\$36393000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$634497000	\$508883000	\$125614000
Medicaid	\$171734000	\$159621000	\$12113000
Other Government	\$27635000	\$18425000	\$9210000
Other State	\$0	\$-40571000	\$40571000
Other Payers	\$419093000	\$222284000	\$196809000
Total	\$1252959000	\$868642000	\$384317000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$4000	\$164000	\$-160000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$127000	\$627000	\$-500000

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$4766000	\$-4766000

Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	2597
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$72925000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$17983000	
HCI Payments	\$0		
Subtotal	\$0	\$17983000	\$-17983000
Medicaid Shortfalls	\$72719000	\$69800000	
Subtotal	\$72719000	\$87783000	\$-15064000
DSH Payments	\$1,856,000		
Subtotal	\$74575000	\$87783000	\$-13208000
Medicare Shortfalls	\$107186000	\$113630000	
Other Government Programs	\$0	\$0	
Total	\$181761000	\$201413000	\$-19652000

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$10000	\$637000	\$-627000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

